

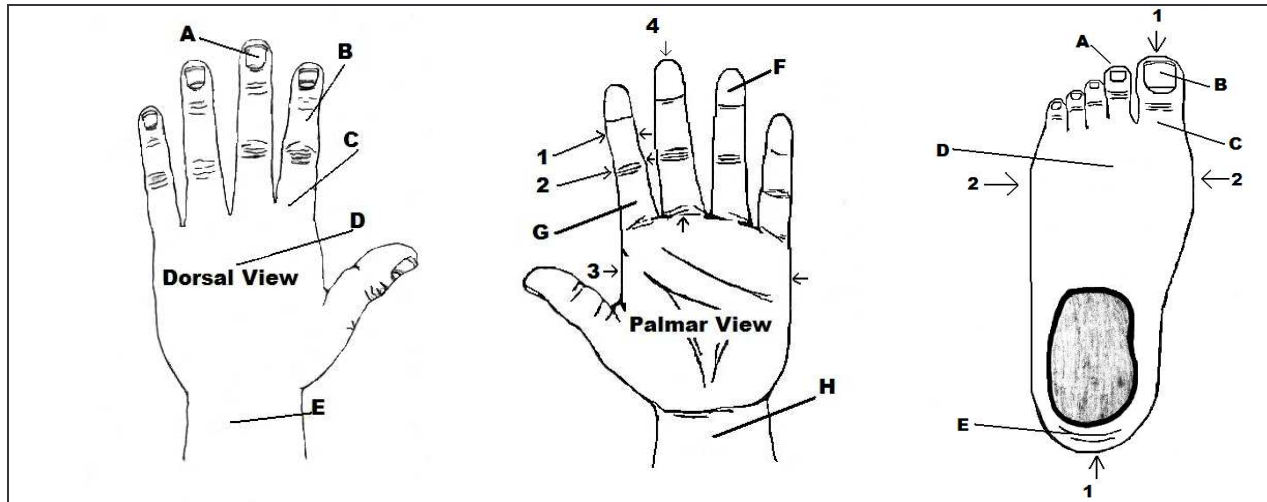
Life-Like Laboratory



Second Only to Nature

Patient Information Work Order

Company Name:	Patient Name:
Practitioner:	Age: Male (circle one) Female
Shipping Address:	Type of Prosthesis:
Phone Number(s):	
Special Requirements/Comments:	



Hand Colors A. Fingernail _____ (darkest) B. Between PIP & DIP _____ (lightest) C. MCP joint _____ (darkest) D. Dorsal _____ (average) E. Above Wrist _____ (average) F. Fingertip _____ G. Between PIP & MCP _____ H. Above the wrist _____ (darkest)	Hand Measurements 1. Between PIP & DIP index _____ mm (diameter) 2. Across PIP index _____ mm (diameter) 3. Across MCP _____ mm 4. Palm crease to middle fingertip _____ mm Foot Measurements 1. Length _____ mm 2. Width _____ mm 3. Shoe size _____	Foot Colors A. Toe tip _____ (darkest) B. Toenail _____ (darkest) C. M T P _____ (darkest) D. Dorsal _____ (average) E. Heel _____ (darkest)
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*****all measurements in mm*****

Prosthetist Check List for Life-Like Laboratory

- **Stone Impression Sound Limb:** compare & measure against actual limb, please note in Special comments section.
- **Stone Impression Injured Limb:** measure as above; notate sore spots, bone spurs, breakdowns, etc. and mark on stone impression.
- **Wrist Measurements Above and Below Ulna:** Above: _____ Below: _____
- **Outline Drawing of Injured Foot & Non Injured Foot:** (required for any type of foot prosthesis)
- **Ankle measurement:** _____ mm (required for Symes amputation and all BK and AK devices)
- **Type of fingernail/Toenail requested:** Custom made Acrylic _____ Silicone _____
- **Compare and record color match off Life-Like Color Background:** record on Patient Information Work Order
- **Quality Photographs:** taken on Life-Like Color Background and approved by patient.

Please completely fill out all the above & thank you for your business.